

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 19, 2008**  
**Secretary of State**

DOCUMENT# N04000005481

**Entity Name:** ROTARY CLUB OF WESTON SUNSET, INC.**Current Principal Place of Business:**665 PALM BOULEVARD  
WESTON, FL 33326**New Principal Place of Business:****Current Mailing Address:**116831 PATIO VILLAGE LANE  
WESTON, FL 33326**New Mailing Address:****FEI Number:** 26-0078751**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MAYMON, DEBORAH A  
665 PALM BLVD  
WESTON, FL 33326 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: STERN, RICHARD A  
Address: 2211 CHARLESTON  
City-St-Zip: WESTON, FL 33326 US

Title: VP ( ) Delete  
Name: FLYNN, MICHELLE  
Address: 755 SW 148TH AVE UNIT 1108  
City-St-Zip: SUNRISE, FL 33325 US

Title: TR ( ) Delete  
Name: SADOFF, JOSEPH I  
Address: 16831 PATIO VILLAGE LANE  
City-St-Zip: WESTON, FL 33326 US

Title: SEC ( ) Delete  
Name: SPEICHER, MICHELE  
Address: 7825 BEECHFERN CIRCLE  
City-St-Zip: TAMARAC, FL 33321 US

Title: VP (X) Delete  
Name: FLYNN, MICHELLE  
Address: 755 SW 148TH AVE, UNIT 1108  
City-St-Zip: SUINRISE, FL 33325 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: BAXLEY, MICHAEL  
Address: 3921 SW 160TH AVE, APT 102  
City-St-Zip: MIRAMAR, FL 33027 US

Title: VP (X) Change ( ) Addition  
Name: CRUZ, CARLOS  
Address: 3350 SW 148TH AVE, SUITE 203  
City-St-Zip: MIRAMAR, FL 33027 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SEC (X) Change ( ) Addition  
Name: TECOSKY, AMY  
Address: 1210 NW 15 ST  
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH SADOFF

TR

06/19/2008

Electronic Signature of Signing Officer or Director

Date